

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

| | | |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation Revere America | | 3. FEC Identification Number C C90011701 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 66724 | | |
| (c) City, State and ZIP Code Washington DC 20035 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 9 | 2 | 2 | 2 | 0 | 1 | 0 |

THROUGH

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 9 | 2 | 2 | 2 | 0 | 1 | 0 |

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

327566.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Mr. Christopher Larson

09/24/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 2

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Revere America

Full Name (Last, First, Middle Initial) of Payee

Magnolia Media, LLC

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 1 | 0 |

Mailing Address

15259 Green Trails Blvd

Amount

327566.00

City

Baton Rouge

State

LA

Zip Code

70817

Purpose of Expenditure

Creative, Production and Media Buy

Category/
Type

Office Sought:

☒

House

State: NH

House

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

CAROL SHEA-PORTER

Disbursement For:

☐

Primary

☒

General

2010

☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

327566.00

(a) SUBTOTAL of Itemized Independent Expenditures

327566.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

327566.00